Travel & Expense Account Transmittal Sheet

After Approval, Mail Receipts To

DRE-Accounting Office 2201 Broadway	
Sacramento, CA 95818	

		•
Employee Name	Davi, Jeff	
Expense Dates	06/01/10-06/25/10	
Total Expense Amount	1884 01	
Amount Due Employee	1884.01	
Form ID	TEA000742716	

DIRECTIONS FOR SUBMISSION

1. Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.

	Date	Expense Item	Amount	If not submitted - Explain
1)	06/01	Lodging	95.08	
2)	06/07	Lodging	95,08	
3)	06/08	Lodging	95.08	
4)	06/09	Lodging	95.08	
5)	06/10.	Lodging	95.08	
6)	06/11	Lodging	95.08	
7)	06/13	Lodging	165.84	
8)	06/13	Parking, Auto	54.72	
9)	06/14	Lodging	95.08	
10)	06/15	Lodging	95.08	•
11)	06/16	Lodging	95.08	
12)	06/22	Parking, Auto	28.00	
13)	06/22	Lodging	129.57	
14)	06/23	Lodging	95.08	
15)	06/23	Taxi Fare	40.00	

2. Forward Transmittal Sheet and attached documentation through your approval process.

Travel & Expense Account Transmittal Sheet

DIRECTIONS FOR SUBMISSION

1. Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.

Date Expense Item

Amount

If not submitted - Explain

16) 06/24 Lodging

95.08

2. Forward Transmittal Sheet and attached documentation through your approval process.

I have reviewed the following documents.

Approved by:

Barbara J Bigby



Command

SACRAMENTO, CA 95831 US

Room Number: 305
Daily Rate: 84.00
Room Type: DELUX

No. of Guests: 1/0

ARRIVAL DEPARTURE CREDIT CARD RATE PLAN **CATEGORY** ACCOUNT 06/01/2010 06/02/2010 XXXX XXXX XXX STGOV DIS 20070124299 **DATE ROOM NO. DESCRIPTION** REFERENCE **AMOUNT** 06/01/2010 **ROOM CHARGE** #305 DAVI, JEFF \$84.00 06/01/2010 305 **ROOM TAX ROOM TAX** \$10.08 06/01/2010 305 CITY ASSESSMENT FEE CITY ASSESSMENT FEE \$1.00 06/02/2010 305 AMERICAN EXPRESS AMERICAN EXPRESS (\$95.08)

work in Sac J. O.

TOTAL DUE:

\$0.00



SACRAMENTO, CA 95831 US

Room Number: 325
Daily Rate: 84.00
Room Type: 2DELUX
No. of Guests: 2 / 0

ARRIVAL	. DEPART	TURE CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
06/07/201	C 06/13/20	10 XXXX XXXX XXXX	STGOV	DIS	20070123345
DATE	ROOM	O. DESCRIPTION	REFERENCE		AMOUNT
6/07/2010	325	ROOM CHARGE	#325 DAVI, JEFF		\$84.00
3/07/2010	325	ROOM TAX	ROOM TAX		\$10.08
6/07/2010	325	CITY ASSESSMENT FEE	CITY ASSESSMENT FEE		\$1.00
6/08/2010	325	ROOM CHARGE	#325 DAVI, JEFF		\$84.00
6/08/2010	325	ROOM TAX	ROOM TAX		\$10.08
6/08/2010	325	CITY ASSESSMENT FEE	CITY ASSESSMENT FEE		\$1.00
6/09/2010	325	ROOM CHARGE	#325 DAVI, JEFF		\$84.00
3/09/2010	325	ROOM TAX	ROOM TAX		\$10.08
/09/2010	325	CITY ASSESSMENT FEE	CITY ASSESSMENT FEE		\$1.00
3/10/2010	325	ROOM CHARGE	#325 DAVI, JEFF		\$84.00
/10/2010	325	ROOM TAX	ROOM TAX		\$10.08
/10/2010	325	CITY ASSESSMENT FEE	CITY ASSESSMENT FEE		\$1.00
/11/2010	325	ROOM CHARGE	#325 DAVI, JEFF		\$84.00
/11/2010	325	ROOM TAX	ROOM TAX		\$10.08
3/11/2010	325	CITY ASSESSMENT FEE	CITY ASSESSMENT FEE		\$1.00
7/12/2010	325	ROOM CHARGE	SIZ5 DAVI, JEFF		\$84.00
6/12/2010	325	ROOM	ROOM FAX		\$ 0.08
/12/2010	32.5	CITY ASSESSMENT FEE	CITY ASSESSMENT FEE		\$.0
13/2010	325	AMERICAN EXPRESS	AMERICAN EXPRESS		(500.00)

TOTAL DUE:

\$70.48



DAVI, JEFF

2201 BROADWAY

SACRAMENTO, CA 95818

gan Francisco

Room Number: 932

Daily Rate: 166.00

Room Type: KN

No. of Guests: 1 / 0

ARRIVAL	DEPARTU	RE CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
06/13/10	06/14/10	XXXXXXXXXX	STAT	GOVT	17100563598
DATE	ROOM NO	. DESCRIPTION	REFERENCE		AMOUNT
06/13/10	932	VALET PARKING OVERNIGHT	3149 VALET PARKING OVER	RNIGHT	\$48.00
06/13/10	932	CITY PARKING TAX	CITY PARKING TAX		\$6.72
06/13/10	932	ROOM CHARGE	#932 DAVI, JEFF		~\$166 . 00−ິ
06/13/10	932	ROOM TAX	ROOM TAX		\$23.24
06/13/10	932	TOURISM TAX	TOURISM TAX		\$0.11
06/13/10	932	TOURISM DISTRICT ASSESSMENT	TOURISM DISTRICT ASSES	SMENT	\$2.49
06/14/10	932	MASTERCARD	MASTERCARD		(\$310.62)

\$40 60 tot

attend Fisher Center Policy advisory Board Round faster mtg C Omni Hotel, SF.

CREDIT DUE:

(\$64.06)

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.



SACRAMENTO, CA 95831 US

Room Number: 209

Daily Rate: 84.00 Room Type: DELUX No. of Guests: 1 / 0

ARRIVAL	DEPARTU	RE CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
06/14/2010 06/17/2010 X		XXXX XXXX XXXX	STGOV	DIS	20070124817
DATE	ROOM NO.	DESCRIPTION	REFERENCE	7	AMOUNT
06/14/2010	209	CASH	CASH .		(\$435.24)
06/14/2010	209	ROOM CHARGE	#209 DAVI, JEFF		\$84.00
06/14/2010	209	ROOM TAX	ROOM TAX		\$10.08
06/14/2010	209	CITY ASSESSMENT FEE	CITY ASSESSMENT FEE		\$1.00
06/15/2010	209	ROOM CHARGE	#209 DAVI, JEFF		\$84.00
06/15/2010	209	ROOM TAX	ROOM TAX		\$10.08
06/15/2010	209	CITY ASSESSMENT FEE	CITY ASSESSMENT FEE		\$1.00
06/16/2010	209	ROOM CHARGE	#209 DAVI, JEFF		\$84.00
06/16/2010	209	ROOM TAX	ROOM TAX		\$10.08
6/16/2010	209	CITY ASSESSMENT FEE	CITY ASSESSMENT FEE		\$1.00
06/17/2010	209	CASH	CAȘH		\$56.98

CREDIT DUE:

(\$93.02)



Andaz West Hollywood 8401 Sunset Boulevard West Hollywood, CA 90069

TEL: 323.656.1234 FAX: 323.650.7024

www.westhollywood.andaz.com

INFORMATION INVOICE

Payee Jeff Davi **United States**

Membership

GP

507392436K

Bonus Code

Confirmation No. 4159627501

Group Name

Room No.	0809
Arrival	06-22-10
Departure	06-23-10
Page No.	1 of 1
Folio	
Invoice	
User ID	EALVAREZ

Date	Description	Charges Credits
06-22-10	Cash	210.00
06-22-10	Parking Valet	28.00
06-22-10	Guest Room	139:00 ⁴ 110
06-22-10	Occupancy Tax 14.0%	19.46 Jax
06-22-10	CA Assessment Fee	0.11
06-23-10	Guest Paid Out	·

Your Gold Passport account will be credited for th	s
stay.	

Total

210.00

210.00

Balance

0.00

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. ROOM \$19.57 York \$386



WINDOWSKIED

SACRAMENTO, CA 95831 US

Room Number: 113
Daily Rate: 84.00
Room Type: DELUX
No. of Guests: 1 / 0

ARRIVAL	DEPAR	TURE CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
06/23/2010 06/25/2010 XXXX XXXX XXXX		010 XXXX XXXX XXXX STGOV DIS		DIS	20070125217
DATE	ROOM	IO. DESCRIPTION	REFERENCE		AMOUNT
06/23/2010	113	ROOM CHARGE	#113 DAVI, JEFF		\$84.00
06/23/2010	113	ROOM TAX	ROOM TAX		\$10.08
06/23/2010	113	CITY ASSESSMENT FEE	CITY ASSESSMENT FEE		\$1.00
06/24/2010	113	ROOM CHARGE	#113 DAVI, JEFF		\$84.00
06/24/2010	113	ROOM TAX	ROOM TAX		\$10.08 \
06/24/2010	113	CITY ASSESSMENT FEE	CITY ASSESSMENT FEE		\$1.00
•					No.

PASSENGER'S RECEIPT, TAXI CAB FARE S.I.T.O.A. Airport Taxi

Oriver's Phone Number

(916) 955-6151



24 Hours Dispatch Service (916) 444-0008

Driver's Name & Co. MASOOD

TAXI ON TIME # 41

Date: 6 / 15 / 1500
Fare: 40

Total:

We appreciate your business and strive to get you to your destination in a timely and professional manner. Our service is also available for return trips to the Airport. If you have any comments or concerns please call: (916) 284-6878 or email us at site of Cyclobia com. Thank You!

sitoa1@yahoo.com. Thank You!

FROM: SAC MOROR

TOTAL DUE:

\$190.16

fax 916.706.3384 www.lerivagehotel.com